	SRF [Disbursement Request Form				
Participant Information				1		in .
Name: City of West Laf	ayette		SRF Loan Number:	WW 1	279220	16
DUNS Number: 04 455 26 :	CCR Number:	6NKJ2	Request Number:	36		
Mailing Address: 609 West Na	vajo Street					
City: West Lafayette	State:	IN	Zip Code: 47906			
Contact Person:	Judith C. Rhodes, Cler	rk-Treasurer	Contact Phone Number:	(765) 775-51	50	
Authorized Representative:	Mayor John R. Dennis	, or Clerk-Treas. Judith C. Rhodes	Auth. Rep. Phone Numbe	(765) 775-51	00	
If requesting reimbursement to the Participal	nt by wire transfer, please provid	e the following information:				
Bank Name:			Bank Routing Number:			
Account Name:			Account Number:			
Loan Information						
Description of work for which claim is being r fees, type of work), etc:	nade (services, Northside	Regional Lift Station and Force Main				
Is any part of this claim funded by an alterna	te funding source?				YES	✓ NO
If yes, please identify the source and	amount of the claim funded by t	the alternate source (OCRA, SAP, Local Fund	s):			
Source:	Amo	ount:	\$0			
Is any part of this claim funded by the Indian	a Brownfield's Program?	<u> </u>			YES	✓ NO
Has the Participant paid the request and is n	low seeking reimbursement?				YES	☑ NO
Is any part of this claim a result of a change	order? If yes, please attach	the SRF change order approval letter.			YES	☑ NO
Are there Green Project Reserve componen	its involved in this request?				YES	☑ NO
If yes, please describe:						
Loan Financial Information			801.431 ³³ 00.11			
Original Loan Amount:					\$	4,200,000
Total Amount of Previous Disburseme	ents:				\$	2,914,319
Balance Available After this Disburse	ment:				\$	1,273,128
Amount to Contractor for this Reques						\$12,553
Is any part of this request a partial or final rel	ease of retainage to the contract	or?			YES	☑ NO
Contractor Name: Greeley & Hanse			DUNS Number:	04 569 9949		
Mailing Address: Lockbox 619	775, PO Box 6197		<u> </u>			
City: Chicago	State:	IL	Zip: 60680-6	197		
Wiring Information:						
Bank Name:			Bank Routing Number:			
Account Name:			Account Number:			
Retainage Amount for this Request:						\$0
Please select one of the following retainage	payment options:					
Participant requests	that the retainage amount be he	ld by SRF:				
Participant requests	that the retainage amount be se	nt to the Participant via check to the mailing a	ddress listed.			
Participant requests	that the retainage amount be se	nt to the following bank:				
Bank Name:			Bank Routing:		L	
Account Name:			Account Number:			
Total Amount of This Request:						\$12,553
	equest is true and correct, that the	e claim underlying this Request is legally due	and is payable from SRF) in	accordance with	the Part	
Authorized Representative Signature:			Date:			11-Mar-14
FOR INTERNAL USE ONLY: Approved by:		Date:	GPR Amt			

100 S. Wacker Drive, Suite 1400 Chicago, Illinois 60606 p 312 558 9000 f 312 558 1006 www.greeley-hansen.com

February 17, 2014

Mr. David Henderson Utility Director City of West Lafayette Wastewater Treatment Utility 500 South River Road West Lafayette, IN 47906 RECEIVED

MAR 0 4 2014

UTILITY DIRECTOR

Subject:

North Side Regional Lift Station and Force Main

Invoice No. 397691

Dear David:

The enclosed invoice is for services related to the North Side Regional Lift Station and Force Main project in accordance with the agreement dated September 28, 2009. Invoice No. 397691 covers services provided from January 11, 2014 through February 7, 2014 including:

- Invoice from Greeley and Hansen Architects for \$11,831.74
- Review of the following Submittals:
 - o 10431-002 Project Sign Resubmittal
 - o 10420-002 Project Plaque (two submittals during this period)
 - o 13400-002 PLC Panel Operation and Maintenance Manual
 - 11308-004 Submersible Sewage Pumps Operation and Maintenance Manual
 - o 09900-001 Painting Resubmittal
 - o 11285-004 Slide/Sluice Gate Operation and Maintenance Manual

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen

Joseph M. Teusch

Jmt/img

INVOICE

For customer service, call 312 578 2375.



Celebrating 100 YEARS: Quality · Vision · Future

P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Billing Number:

Invoice Number.

INV-0000397691

Description: Bill To:

NORTH SIDE REGIONAL LIFT STATION AND FORCE MAINS

CITY OF WEST LAFAYETTE ATTN: MR. DAVID HENDERSON

UTILITY DIRECTOR 500 SOUTH RIVER ROAD WEST LAFAYETTE, IN 47906

Customer Number:

0791

Project Number: Project Name: Terms:

0791C.01 NORTH SIDE REGIONAL LS&FM NET 30

Due Date: 03/23/14

DL w/multiplier 3.2 Total Labor

Architectural Servs

Sub-Consultants
Travel Printing Total ODC's

Mark-up on ODC's Mark-up Subtotal

Invoice Total

Current Incurred Hours:

Invoice Date:

02/21/14

Remit To: GREELEY AND HANSEN LBX 619776 P.O. Box 6197 CHICAGO, 60680-6197 USA

Cost:

Contract Value \$869,600.00 \$0.00

Fee: Total:

\$869,600.00

Cumulative Amount Billed:

\$843,750.25

Billing Period From:01/11/14 To:02/07/14

	Current Amount	Cumulative Amount
	\$720.96	\$655,787.64
×	\$720.96	\$655,787.64
	\$11,831.74	\$80,129.00
	0.00	101,488.14
	0.00	826.47
	0.00	507.44
	\$11,831.74	\$182,951.05
	\$0.00	\$5,011.56
	\$0.00	\$5,011.56
	\$12,552.70	\$843,750.25

5.00





Celebrating 100 YEARS: Quality · Vision · Future

P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

For customer service, call 312 578 2375.

Billing Number:	40	Project Number:	0791C.01		
Invoice Number:	INV-0000397691	Project Name:	NORTH SIDE REGIONAL LS&FM	Invoice Date:	02/21/14

Non-T&M Labor Supporting Schedule

Group Description:	Total Labor			
Labor Cat Desc	Empl/Vendor	T/S Date	Current Hours	Current Amount
01 CIVIL- SANITARY	BARBER, D. BRETT		0.50	\$33.51
ASSOCIATE 01 CIVIL- SANITARY ASSOCIATE	HEALY, TIMOTHY S		4.50	191.79
DL w/multiplier 3.2			5.00	\$225.30
Total Labor			5.00	\$225.30

0791C.01

Date	BARBER	HEALY		nd Total
01/14/14	en e		0.50	0.50
01/17/14			0.50	0.50
01/23/14			0.50	0.50
01/24/14			0.50	0.50
01/28/14			0.50	0.50
01/31/14	•		0.50	0.50
02/03/14	•	0.50		0.50
02/05/14			1.00	1.00
02/07/14			0.50	0.50
Grand Total	0	.50	4.50	5.00





Celebrating 100 YEARS: Quality · Vision · Future

P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

For customer service, call 312 578 2375.

Billing Number: Invoice Number:	40 INV-0000397691	Project Number: Project Name:	07910 NORT	C.01 TH SIDE REGIONAL L	S&FM	Invoice Date:	02/21/14
		No	n-Labor Su	pporting Schedu	ile		
Group Description:	Total ODC's						
Description Line Description:	Transaction Architectural Servs	JE No./ Vchr No.	Current FY/Pd	Vendor	Invoice ID	Current Amount	
Subconsultants:GHA	Subconsultants:GHA	225969	2014/1	GREELEY + HANSEN ARCHIT	INV-0000396013 EC	\$11,831.74	
Total: Architectural Se Total ODC's	rvs					\$11,831.74 \$11,831.74	

GREELEY AND HANSEN

ARCHITECTS

For customer service, call 312 578 2375.

- 100 S. Wacker Drive Suite 1400 Chicago, Illinois 60606 p 312 558 9000 f 312 558 1986 www.greeley-hansen.com

Billing Number. Invoice Number.

INV-0000396013

Description:

WEST LAFAYETTE LIFT STATION

GREELEY AND HANSEN LLC 100 SOUTH WACKER DRIVE SUITE 1400 CHICAGO, IL 60606

Customer Number:

Prime Contract Number:

001

0593J0130001603

Project Number: Project Name:

GMC22.01

Terms: Due Date: GH WLAFAYETTE LIFT STATN

NET 30

02/16/14

D/L with multiplier Total Labor

Invoice Total

Current Incurred Hours:

Invoice Date:

01/17/14

Remit To: GREELEY AND HANSEN LBX 619776 P.O. Box 6197 CHICAGO, 60680-6197 USA

Contract Value

Cost Fee:

\$83,911.00

Total:

\$0.00 \$83,911.00

Cumulative Amount Billed:

\$80,129.00

Billing Period From:10/19/13 To:12/06/13

Current Amount

\$11,831.74 \$11,831.74

Cumulative Amount

\$80,129.00 \$80,129.00

\$11,831.74

153.00

\$80,129.00

ARCHITECTS

For customer service, call 312 578 2375.

100 S. Wacker Drive Suite 1400 Chicago, Illinois 60606 p 312 558 9000 f 312 558 1986 www.greeley-hansen.com

Billing Number: Invoice Number:	14 INV-0000396013	Project Number. Project Name:	GMC22.01 GH WLAFAYETTE LIFT STATN	Invoice Date:	01/17/14
		Non-T&	M Labor Supporting Schedule		
Group Description:	Total Labor				
Labor		T/S	Current	Current	
Cat Desc	Empl/Vendor	Date	Hours	Amount	
11 ARCHITECTURAL ASSOCIATE	SIERRA, SERGIO H		12.00	\$700.08	•
13 ARCHITECT DESIGNER	SCHMIDT, JOHN J		136.00	2,902.24	
14 ARCHITECT DRAFTER	RODRIGUEZ, OSWALDO		5.00	141.90	
D/L with multiplier			153,00	\$3,744.22	
Total Labor			153.00	\$3,744.22	